

Kinship HOMESTUDY

Child's Name	DOB/AGE	Gender	Current Placement

Description of Child(ren):

Reason for out of home placement:

1. APPLICANT'S NAME(S): _____ DOB: _____

RACE/ETHNICITY:

TRIBAL AFFILIATION:

ADDRESS:

HOME PHONE:

WORK PHONE:

CELL PHONE:

EMAIL:

APPLICANT'S NAME(S): _____ DOB: _____

RACE/ETHNICITY:

TRIBAL AFFILIATION:

WORK PHONE:

CELL PHONE:

EMAIL:

RELATIONSHIP TO CHILD(REN) BEING PLACED: _____

REASON APPLICANTS ARE INTERESTED IN PROVIDING KINSHIP CARE AND THEIR
MOTIVATION.

Other Adults and Children in the Household

Name: _____ DOB: _____

Relationship to applicant(s): _____

Relationship to child(ren) to be placed: _____

Thoughts about placement of a child(ren) in the home: _____

Brief description of person listed above and any needs: _____

Name: _____ DOB: _____

Relationship to applicant(s): _____

Relationship to child(ren) to be placed: _____

Thoughts about placement of a child(ren) in the home: _____

Brief description of person listed above and any needs: _____

Name: _____ DOB: _____

Relationship to applicant(s): _____

Relationship to child(ren) to be placed: _____

Thoughts about placement of a child(ren) in the home: _____

Brief description of person listed above and any needs: _____

Name: _____ DOB: _____

Relationship to applicant(s): _____

Relationship to child(ren) to be placed: _____

Thoughts about placement of a child(ren) in the home: _____

Brief description of person listed above and any needs: _____

Name: _____ DOB: _____

Relationship to applicant(s): _____

Relationship to child(ren) to be placed: _____

Thoughts about placement of a child(ren) in the home: _____

Brief description of person listed above and any needs: _____

PROVIDE THE NAME, ADDRESS AND PHONE NUMBER OF ADULT CHILDREN (OVER 18):

PROVIDE NAME, ADDRESS, AND PHONE NUMBER FOR EX-SPOUSE(S) OR SIGNIFICANT OTHER(S):

2. Income/Employment:

Employer, Work Schedule, and Length of Employment:

A. Is present income of the family adequate to meet the needs of the existing family?

Does the family have financial ability to care for additional children placed in the household?

☐ Yes ☐ No If no, what would you need to care for the children?

B. Will applicant need assistance with child care?

☐ Yes ☐ No Please explain?

3. The following information is documented in the record. Each of these requirements must be met prior to approval for Kinship Care.

A. ☐ Signed and dated application. (CP-561)

B. ☐ Immunization records for all children in household.

C. ☐ Screening for substantiated reports of child abuse and neglect for all household members over 10 years of age. List date and findings:

D. ☐ A minimum of three references have been contacted.

E. ☐ Criminal record check for applicant and all adult household members. List date and findings:

F. ☐ Contact local law enforcement when allowed by local law enforcement. List date and findings:

4. Has anyone in the household been investigated for child abuse and neglect?

Yes ☐ No ☐ If yes, please explain.

5. Has anyone in the household been convicted of a crime involving harm to children; crimes of violence, spousal abuse or a sex crime?

Yes ☐ No ☐ If yes, please explain.

6. Do any of the areas listed below present a concern for you or anyone living in your home that would adversely impact the child placed in your home or impact your ability to provide care for a child placed in your home?

Drugs

Yes ☐ No ☐ If yes, please explain.

Alcohol

Yes ☐

No ☐

If yes, please explain. _____

Mental Health

Yes ☐

No ☐

If yes, please explain. _____

Gambling

Yes ☐

No ☐

If yes, please explain. _____

7. The following requirements have been discussed with the applicants and they are aware of their obligation to:
- A. ☐ Assure that any vehicle used for transporting children does not exceed its stated passenger capacity. Appropriate child restraints or safety seats are available.
 - B. ☐ Report any unusual incidents or suspected child abuse/neglect to the Department of Social Services.
 - C. ☐ Keep information about children and their families confidential.
 - D. ☐ Assure that any vehicle used for transporting children has auto insurance. _____
 - E. ☐ Complete a Monthly Report Form on each child, each month and submit completed form to CPS.
 - F. ☐ Be available to meet with a CPS FSS each month for an in-home visit in order for CPS to assess the child(ren).
8. The following sanitation and safety requirements must be met by Kinship applicants.
- A. ☐ There is an operating smoke detector with an audible alarm system on each level of the home. _____
 - B. ☐ An emergency escape plan has been developed and will be shared with each child in care. _____
 - C. ☐ Fire drills will be conducted each time a child enters care. _____
 - D. ☐ The water is obtained from either a public water supply or from a water system that is tested annually by the Department of Environment and Natural Resources or a laboratory certified by the Department of Health to conduct such tests. _____
 - E. ☐ The home is free of exposed electrical wiring. _____
 - F. ☐ Unused electrical outlets will be covered when children who are four years of age or younger are in care. _____
 - G. ☐ There are two unlocked exits remote from each other on each level of the home which is used for the care of children. _____

- H. ☐ Window screens and storms are removable in case of an emergency. _____
- I. ☐ Windows which are to be used as a second exit are at least twenty-two inches in dimension, and five square feet in area. _____
- J. ☐ Hazardous cleaning solutions, chemicals, and poisons are labeled and kept in a enclosed cabinet which is not accessible to children. _____
- K. ☐ Wall and floor openings, which are thirty inches or more above the ground level, are guarded with railing. _____
- L. ☐ There is sufficient sleeping space for each child in care.
Describe home and sleeping arrangements: _____
- M. ☐ Cribs must meet the Consumer Product Safety Commission (CPSC) standards. If the crib does not meet safety standards, Child Protection Services will assist in obtaining a crib or Pack & Play that meets the standards. Stackable cribs cannot be used. Babies are placed on their back for sleeping. _____
- N. ☐ Soft bedding materials that could pose a suffocation hazard may not be used in cribs or playpens. _____
- O. ☐ Children in care will not sleep in a room which can only be reached by a ladder, folding stairs, or trap door. _____
- P. ☐ Children in care will be provided with clean bed linens, blankets, and pillows. _____
- Q. ☐ Firearms, ammunition, archery bows and arrows, matches and lighters are inaccessible to children unless under adult supervision. _____
- R. ☐ Firearms are kept unloaded, in a locked cabinet, and separate from ammunition. _____
- S. ☐ Children who hunt have completed a hunter safety course. _____
- T. ☐ Plan for storage of medication (non-prescription and prescription). _____
9. Department of Social Services discipline policy is reviewed and signed by the applicant(s) and followed by applicant.
10. Family discussed and identified the type(s) of discipline to be used with child placed.
11. Family Social History and Composition
12. Assessment of applicant's respect for the child's own family and ability to maintain a working relationship with the child's family members and Child Protection Services' staff.
13. Describe ability of applicants, family support, community, and school to meet the child's needs.

14. Assessment of Behavioral Protective Capacity
15. Assessment of Cognitive Protective Capacity
16. Assessment of Emotional Protective Capacity
17. List all other family members/relatives that could be considered as an applicant for this child(ren).
(List names and available contact information.)
18. Summary and recommendations
 - A. Assessment of existing protective capacity
 - B. Assessment of diminished protective capacity

Kinship Homestudy Specialist Signature

Date

Supervisor Signature

Date

On the basis of the information documented in this study DSS/CPS recommends:

1. ☐ The Kinship placement is approved by DSS CPS

Recommendations for supporting the family

2. ☐ The Kinship placement is denied by DSS CPS

Reason(s) for not considering placement

3. ☐ The parent be considered as a placement option

Recommendations for supporting the family

4. ☐ The parent enters into a case plan with the referring agency to enhance diminished protective capacities.

5. ☐ This ICPC parental placement may proceed

Recommendations for supporting the family

6. ☐ This ICPC parental placement requires further development prior to placement consideration to enhance diminished protective capacities.

Recommendations for further development

CPS Supervisor Signature

Date

Regional Manager Signature

Date

MONTHLY BUDGET

We need to have a clear idea of your monthly expenses.

Monthly Income	Monthly Amount
Net Salary (amount after payroll deduction)	\$
Investment Income	\$
Child Support Received	\$
Public Assistance (TANF, Food Stamps, etc....)	\$
Other Income	\$
TOTAL INCOME	\$
Monthly Expenses	
Housing (rent, lot rent, house payment)	\$
Property Tax	\$
Home Maintenance	\$
Utilities	\$
Food (Groceries and Dining Out)	\$
Laundry and Dry Cleaning	\$
Cable TV-Dish expenses	\$
Internet/Phone	\$
Clothing	\$
Medical	\$
Insurance Policies (life, health, car, etc...)	\$
Car Payment	\$
Cell phone/s	\$
Transportation (gas and car repair)	\$
Credit Card Payments	\$
Other Loan Payments	\$
Recreational (sporting, books, music, movies, gym, etc...)	\$
Newspaper and Magazines	\$
Day Care	\$
Charitable Donations	\$
Pet Care	\$
Child Support Payment	\$
Vacation (can average per year, divided into monthly)	\$
Miscellaneous	\$
Other	\$
Other	\$
	\$
TOTAL EXPENSES	\$
CASH FLOW -- INCOME MINUS EXPENSES	\$